

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/597,332</div>	FILING DATE <div style="font-size: 1.2em;">7-20-06</div>	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1						
2		1		1					
3		1		1					
4		1		1					
5		1		1					
6		5		1					
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27		1		1					
28		11		1					
29	1		1						
30		1		1					
31		1		1					
32		3		1					
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50									
TOTAL IND.	3	↓	3	↓		↓			
TOTAL DEP.	51	←	31	←		←			
TOTAL CLAIMS	54		34						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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95									
96									
97									
98									
99									
100									
TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									